RADIO NEWS & TALKBACK PRECIS

Breakfast Period (6am–9am)
Thursday 12 March, 2015

RADIO NEWS BROADCASTS

Phil Palmer, Spokesperson, Ambulance Association (5AA 8.37-8.44) Transforming Health

(Penberthy: *The Government's Transforming Health blueprint, one of the more contentious aspects of it is the amount of time that people who have taken ill are going to end up spending in ambulances … The plan is to wind back the EDs at Modbury, Noarlunga and the QEH, with Flinders, the RAH and the Lyell McEwin becoming super hospitals. The fear, though, is that patients will face ambulance trips which are twice as long as they currently are to reach an ED … Phil Palmer … do you guys worry that your members are effectively going to be becoming mobile hospitals as a result of some of these changes?)* It was a sort of a mobile ramping if you look at it that way, we certainly haven't been convinced yet that the idea of downgrading some ideas and making other Centres of Excellence – I think was the word they used – is effective. It may be that this is an idea at the moment, we're saying 'How are you going to resource the ambulance service, is there consideration given to upgrading educational training of paramedics?' They haven't even yet in their modelling assigned what kind of acuity – that is how seriously ill a patient is, to these patient journeys so it's hard to dissect these longer journeys, how many people are just being moved around as is a normal case, they're not under life threat or [unclear] threat situation and those that need to get there really quickly because their life's at risk so we actually don't even those numbers, those figures, it's pretty hard to draw a judgement on the basic information that we so far have. ***(Reilly:*** *When the report first came out, I did see some figures floating around which suggested that paramedic numbers would be boosted by 72 and there'd be 12 new ambulances, if you got that, would that be enough to carry out the extra workload?)* Well, the numbers are a bit murky to start with, it turns out the number 72's not exactly the number 72 and we were told by the ambulance service that they didn't ascribe a number to it, they just sort of said you'd need around this number as these circumstances evolved. We haven't got numbers really, certainly I've never scoffed at extra resources, we need them now, the workload as it is now, the extra workload, [unclear] workload that's continuing on since August last year all puts a huge burden on staff, on ambos, so they do need more resources, they certainly would need more resources but I think it's more than just bums on seats, I think they may need to consider the clinical delivery level. I say that because in the '90s they changed the trauma system so there was a system not that dissimilar to what they're suggesting now on a broader scale, and that is that trauma patients bypass some hospitals to go to the trauma speciality areas which were Flinders and the Royal Adelaide and part of that was the introduction of intensive care paramedics, a higher level. They may need to consider expanding that or expanding education for the rest of the paramedics. I don't know – until I know exactly what their plan is and what they think the numbers are it's very hard to make a forecast of what they should do about it. ***(Penberthy:*** *Until those numbers that Jane just rattled off about extra ambulances and so forth, if it's a dozen extra ambulances, on the one*

hand you might say that's good news but wouldn't those numbers be dramatically eclipsed by the other, bigger, and probably scarier numbers which are – and this is based on the estimate from the commendably outspoken group of specialists who work at the Noarlunga ED, they reckon that Flinders is going to get an extra 22000 presentations a year which is on top of the 73000 it already has.) Yeah, the Government give different figures to that which is interesting but [unclear] listen to those people and obviously we're concerned, Flinders is a major problem already without any of this, Flinders, the ED there can't cope with current workloads, they ramp on what's basically an ordinary day so we're cynical. We do think the system needs to change and we do think improvements are needed. From the stats that we've been shown there are too many people dying, all that stuff needs to be fixed … whether this is the way to do it – [unclear] – is the $60m question so now not just Noarlunga's effect on Flinders, I think people really should have a good look at the Queen Elizabeth … the number of patients delivered by ambulance to the Queen Elizabeth is by itself twice as much as Noarlunga so that's a significant push into the RAH for instance so if I was in the western suburbs, I'd be looking for answers, I'd be asking the Government for more information than I've currently got frankly. ***(Reilly:*** *Part of the reason why the Queen Elizabeth Hospital has more presentations by ambulance than say down south because it does cost money to have an ambulance, is one of the flaws in the reforms the fact that it doesn't take into account the number of people who present being driven by a relative when they're starting to have a heart attack or a stroke.)* Only 30% of ED presentations arrive by ambulance, the rest arrive by other means, a relative or a taxi or a bus or whatever. Some people who are really ill turn up by other means than ambulance, some people are more ill who turn up in a car and probably should have been in an ambulance. The ambulance numbers are really sort of only one third of the picture. ***(Reilly:*** *So that [unclear] actually mean that people like relatives are going to have make the decision about which hospital they take that sick person too.)* That's the other part of it that we haven't got an answer for yet is that say the Royal Adelaide becomes the Centre of Excellence and does nothing but high acuity, really sick and seriously ill people, that then suggests that they won't do the other stuff, the cuts, the abrasions, the minor things that do need an ED but perhaps not an ICU and all the other stuff that goes with it, people are going to be going to and fro between hospitals day and night I think on ambulance, in public transport, in their own cars, whatever. You're right, people are going to have make decisions now, not just on where their hospital is geographically but what their hospital actually does when they get there. ***(Penberthy:*** *Phil, I guess your members are people who are used to working under highly stressful conditions, I don't know how the men and women who work with you do it, it must be incredibly draining work but that's the career that they have chosen but … if you're an ambo you really just want to get people from A to B as fast as you can to get them into a hospital to get them properly looked at and in short the key concern with this report is that B is now a lot further away isn't it.)* That's right. There's more to it than just getting the patient to hospital in a hurry, that's obviously a key part of it because the hospital's got equipment that an ambo can't carry, ambos are very good and will do a very good job but X ray machines, surgical suites, ICUs, etc … currently for instance at the QEH that won't be there any more … the sooner an ambo can get a patient to that kind of definitive care and advanced diagnostics, the better it is and our concern is – and to go back to your issue of stress, it's a very stressful job, so it's one of the hardest jobs, I've seen more trauma in four days than most people see in their whole life so their view is and my view is that Governments and ambulance service management should do their best to stand out the way and let the ambos do the job, help them … with what is a unique job and it's right at the cutting edge. ***(Penberthy:*** *…thanks…)*